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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard embalmers' certificates to certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

57 0 231 29
STATE FILE NUMBER
Registration District No. 312 Primary Registration District No. 590 Registrar's No. 1470

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) Brentwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Brentwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2400 Mari Kay Lane				Length of stay in 1b 6 mos		d. STREET ADDRESS (If outside, give location) 2400 Mari Kay Lane	
3. NAME OF DECEASED (Type or print) First Evelyn Middle A Last Klebusch				4. DATE OF DEATH Month June Day 6 Year 1957			
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 16, 1913	
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 44 Days 44 Hours 44 Min. 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) St Louis Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George Becker		14. MOTHER'S MAIDEN NAME Mathilda Best		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Edgar B Klebusch		Address 2400 Mari Kay		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Cervix	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Pyelonephritis						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 5 Feb 57 to 6 June 57 and last saw her alive on 12 May 57 Death occurred at 3:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Herbert A. Ritter M.D.				22b. ADDRESS 16 Hampton Valley St Louis Mo		22c. DATE SIGNED 7 June 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/17/57		23c. NAME OF CEMETERY OR CREMATORY N St Marcus Cem.		23d. LOCATION (City, town, or county) (State) St Louis Mo	
24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. 6-10-57		26. REGISTRAR'S SIGNATURE Herbert B. Romke M.D.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *E. P. Kidwell*

Licensed Embalmer No. *387*

P. O. Address *7027 Gr*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.